

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814



May 22, 1985

TO: All County Welfare Directors
County Administrative Officers

Letter No. 85-39

SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE COVERAGE
(MC 210A)

The (MC 213), Supplement to Statement of Facts for Retroactive Coverage has been renumbered MC 210-A. The Spanish translation of this form will be numbered MC 210-A as well.

Because of the cost of a production order, current supplies of the MC 213 will be exhausted before making the MC 210-A available. We anticipate that MC 210-A's will be available for distribution after May 15, 1985.

If there are any questions or comments, please contact Maxine Forster at (916) 324-4969 or ATSS 454-4969.

Sincerely,

Original signed by

Tom J. Elkin, Acting Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: June 15, 1985